



# Dangerous Waste Annual Report Verification Form

**2000**

Washington State Department of Ecology  
Hazardous Waste Information  
P. O. Box 47658  
Olympia, WA 98504-7658  
(800) 874-2022 (within state)  
(360) 407-6170

For Ecology Use Only - Date Received :

Form	Review	HWIMSy Entry	Verification
VF			
GM			
WR			
OI			

## Site Location Information

RCRA Site ID: **WAD 980 738 546**

Company Name: **Alaskan Copper Works**

Site Location: **3200 6TH AVE S**

City/State/Zip: **SEATTLE, WA 98134**

County: **KING**

Dept. of Revenue Tax Registration Number: **578-033-053**

Primary SIC : **3443**

Current company name if different from above \_\_\_\_\_

**This Report is  
Due  
No Later Than  
March 1, 2001**

All information listed below is required. If information is missing or incorrect, please enter the changes in the right hand column.

### 1a The mailing address for this site is:

Name: **Alaskan Copper Co Inc**  
Mail Address: **PO Box 3546**  
**SEATTLE, WA 98124-3546**

### 1b

Name: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
\_\_\_\_\_

### 2a The legal company/agency owner of this site is:

Name: **Alaskan Copper & Brass Co**  
Mail Address: **PO Box 3546**  
**SEATTLE, WA 98124-3546**  
Work Phone: **(206)623-5800** Ext: \_\_\_\_\_

### 2b

Name: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Did the company ownership of this site change in 2000?

☐ Yes Date: \_\_\_\_\_  
(continue to the right):

☒ No (go to 3a):

I represent the

☒ Current Company Owner  
☐ Previous Company Owner

This report covers waste activity for:

☒ Entire year  
☐ My term of ownership only

### 3a The land owner of this site is:

Name: **Rosen Investment Co**  
Mail Address: **PO Box 3546**  
**SEATTLE, WA 98124-3546**  
Phone: **(206)623-5800** Ext: \_\_\_\_\_

### 3b

Name: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

### 4a The contact for site visits and inspections is:

Name/Title: **James Brown**  
Mail Address: **3200 6th Ave S**  
**SEATTLE, WA 98124**  
Work Phone: **(206)623-5800** Ext: \_\_\_\_\_

### 4b

Name/Title: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

### 5a The contact for annual report forms is:

Name/Title: **Shawn Rajabi**  
Mail Address: **140 Rainier Ave S #7**  
**RENTON, WA 98055**  
Work Phone: **(800)800-7644** Ext: \_\_\_\_\_

### 5b

Name/Title: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

28644225



## 6. Generator Status and Waste Management Activities

Indicate the facility's generator status for 2000 by checking the appropriate boxes below. If your status has changed from last year, please use the Comments section (#8, below) to explain.

### 6a. Generator Status

- ☒ Large Quantity Generator (LQG)
- ☐ Medium Quantity Generator (MQG)
- ☐ Small Quantity Generator (SQG)
- ☐ No regulated dangerous waste generated

### 6c. Treatment, Storage, Disposal, Recycling (TSDR) Facility (Requires Permit)

- ☐ For waste generated at this facility
- ☐ For waste generated by other facilities

### 6d. Excluded On-Site Waste Management Activities (for waste streams that are not reported on a GM form)

- ☐ Permit-by-Rule - (PBR)
- ☐ Recycling without prior storage or accumulation

### 6b. Transportation Activity (requires prior notification)

- ☐ Transporter for your own waste
- ☐ Transporter for commercial purposes
- ☐ Transfer facility

## 7. Report Summary

Please check off which forms are included in this report and provide the total number of pages. For electronic data submittal, please indicate method of your submission.

### 7a. Paper Form Submittal

- ☒ Verification (VF) Form
- ☒ Generation and Management (GM) Form
- ☒ Off-site Identification Information (OI) Form
- ☐ Waste Received (WR) Form
- ☒ Recycling Credit documentation attached

Total Number of pages submitted

### 7b. Electronic Data Submittal

- ☐ Verification (VF) Form (paper only)
- ☐ Disk(s) included
- ☐ Data submitted on Internet
- ☐ Recycling Credit documentation attached (paper only)

## 8. Comments

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## 9. Certification

The following must be signed by authorized representative of the company/agency. This certification language is required under EPA's Biennial Report. Ecology is required to implement reporting requirements at least as stringent as those in that report.

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

Signature (in ink)

*James Brown*

Name (print/type)

James Brown

Date

2/23/01

Title

Operations Manager

If you have special accommodation needs or require this document in an alternative format, please contact the Hazardous Waste and Toxics Reduction Program at (360) 407-6700 (voice) or (360) 407-6006 (TDD).

**Do Not FAX this document unless requested by the Department of Ecology.**

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# 2000 GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and site name at right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams.

Then complete one answer for each waste stream.

PLEASE ENTER:

RCRA SITE ID # WAD980738546

Site name: Alaskan Copper  
Works

FOR ECOLOGY USE ONLY

Date Received: \_\_\_\_\_

Be sure to reference the instructions as you complete this form.

Printed by Turbo Waste

A. Description of Dangerous Waste Stream			
A-1. _____ (optional)		Sequence No. _____ 1	
A-2. Waste Flammable Liquids, N.O.S. (Petroleum Distillates, Xylene)			
A-3. D001		A-4. WT02	
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-7. A21			
A-8. B209		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v (If v, answer A-9.a.)	
		A-9.a. _____	
B. Waste Management Activities			
B-1. 150.12 <input type="checkbox"/> ST <input type="checkbox"/> MT <input checked="" type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> C (If G, L, or C, answer B-1.a.)			
B-1.a. <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity <input type="checkbox"/> lbs/Yd3			
B-2. <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> Both			
B-3. _____		B-3.a. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No Longer Required			
B-4. i. Designated Facility (TSDR) ID Numbers ii. System Code iii. Quantity iv. Recycling Percent			
WAD991281767		M051 150.12 0.0	

Wednesday, February 21, 2001 5:44:16 PM

BOOK 1: FORMS AND INSTRUCTIONS

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AKC-0019842

**B-5. If additional space is required, use continuation sheet on the following page.**

i. Date Shipped (yyyy/mm/dd)	ii. Manifest Document Number	iii. Internal Tracking Code(optional)	iv. Designated Facility RCRA Site ID Number	v. Quantity Shipped
2000/02/21	50120		WAD991281767	150.12



# 2000 GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and site name at right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams.

Then complete one answer for each waste stream.

PLEASE ENTER:

RCRA SITE ID # WAD980738546

Site name: Alaskan Copper  
Works

FOR ECOLOGY USE ONLY

Date Received: \_\_\_\_\_

Be sure to reference the instructions as you complete this form.

Printed by Turbo Waste

A. Description of Dangerous Waste Stream			
A-1. _____ (optional)		Sequence No. <u>2</u>	
A-2. <u>Hazardous Waste, Solid, N.O.S.</u>			
A-3. <u>D007</u>		A-4. <u>WT02</u>	
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-7. <u>A37</u>			
A-8. <u>B306</u>		A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v (If v, answer A-9.a.)	
A-9.a. _____			
B. Waste Management Activities			
B-1. <u>60,000.00</u> <input type="checkbox"/> ST <input type="checkbox"/> MT <input checked="" type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> C (If G,L, or C, answer B-1.a.)			
B-1.a. _____ <input checked="" type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity <input type="checkbox"/> lbs/Yd3			
B-2. <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> Both			
B-3. _____		B-3.a. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No Longer Required			
B-4. i. Designated Facility (TSDR) ID Numbers ii. System Code iii. Quantity iv. Recycling Percent			
<u>AZD980735500</u>		<u>M014</u>	<u>60,000.00</u> <u>76.6</u>

Wednesday, February 21, 2001 5:44:16 PM

BOOK 1: FORMS AND INSTRUCTIONS

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AKC-0019844

**B-5. If additional space is required, use continuation sheet on the following page.**

i. Date Shipped (yyyy/mm/dd)	ii. Manifest Document Number	iii. Internal Tracking Code(optional)	iv. Designated Facility RCRA Site ID Number	v. Quantity Shipped
2000/02/29	00002		AZD980735500	18,640.00
2000/07/11	00006		AZD980735500	17,840.00
2000/10/10	00008		AZD980735500	23,520.00

**C. Comments**

Plasma cutting cleanout sludge

# 2000 GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and site name at right,  
before making as many two-sided copies of this answer sheet as  
you will need to report each of your waste streams.

Then complete one answer for each waste stream.

PLEASE ENTER:

RCRA SITE ID # WAD980738546

Site name: Alaskan Copper  
Works

FOR ECOLOGY USE ONLY

Date Received: \_\_\_\_\_

Be sure to reference the instructions as you complete this form.

Printed by Turbo Waste

## A. Description of Dangerous Waste Stream

A-1. _____ (optional)		Sequence No.	3
A-2. Hazardous Waste, Solid, N.O.S.			
A-3. F006		A-4. WT02	
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW	A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		A-7. A22
A-8. B306	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v (If v, answer A-9.a.)		
A-9.a. _____			

## B. Waste Management Activities

B-1. 28,927.00 <input type="checkbox"/> ST <input type="checkbox"/> MT <input checked="" type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> C (If G,L, or C, answer B-1.a.)	
B-1.a. _____ <input checked="" type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity <input type="checkbox"/> lbs/Yd3	
B-2. <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> Both	
B-3. _____	B-3.a. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No Longer Required	
B-4. i. Designated Facility (TSDR) ID Numbers	
ii. System Code	
iii. Quantity	
iv. Recycling Percent	
AZD980735500	M014 28,927.00 21.2

B-5. If additional space is required, use continuation sheet on the following page.				
i. Date Shipped (yyyy/mm/dd)	ii. Manifest Document Number	iii. Internal Tracking Code(optional)	iv. Designated Facility RCRA Site ID Number	v. Quantity Shipped
2000/01/11	00001		AZD980735500	3,067.00
2000/02/29	00002		AZD980735500	4,655.00
2000/03/14	00003		AZD980735500	1,245.00
2000/04/25	00004		AZD980735500	2,865.00
2000/06/13	00005		AZD980735500	3,940.00
2000/07/11	00006		AZD980735500	1,262.00
2000/09/11	00007		AZD980735500	4,546.00
2000/10/23	00009		AZD980735500	3,077.00
2000/12/13	00010		AZD980735500	4,270.00

**C. Comments**

Waste Treatment Sludge



# 2000 GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and site name at right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams.

Then complete one answer for each waste stream.

Be sure to reference the instructions as you complete this form.

Printed by Turbo Waste

PLEASE ENTER:

RCRA SITE ID # WAD980738546

Site name: Alaskan Copper Works

FOR ECOLOGY USE ONLY

Date Received: \_\_\_\_\_

## A. Description of Dangerous Waste Stream

A-1. _____ (optional)		Sequence No. <u>4</u>	
A-2. <u>Waste Parts Washer Solvent</u>			
A-3. <u>D001</u> <u>D039</u>		A-4. <u>WT02</u>	
A-5. <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW		A-6. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
A-7. <u>A19</u>			
A-8. <u>B203</u>	A-9. <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v (If v, answer A-9.a.)		
A-9.a. _____			

## B. Waste Management Activities

B-1. <u>462.30</u> <input type="checkbox"/> ST <input type="checkbox"/> MT <input checked="" type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> C (If G,L, or C, answer B-1.a.)	
B-1.a. _____ <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity <input type="checkbox"/> lbs/Yd3	
B-2. <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> Both	
B-3. _____	B-3.a. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No Longer Required	
B-4. i. Designated Facility (TSDR) ID Numbers	
ii. System Code	
iii. Quantity	
iv. Recycling Percent	
<u>ORD981766124</u>	<u>M141</u> <u>462.30</u> <u>94.0</u>

B-5. If additional space is required, use continuation sheet on the following page.				
i. Date Shipped (yyyy/mm/dd)	ii. Manifest Document Number	iii. Internal Tracking Code(optional)	iv. Designated Facility RCRA Site ID Number	v. Quantity Shipped
2000/02/23	74205		ORD981766124	120.60
2000/06/28	88543		ORD981766124	113.90
2000/07/31	65777		ORD981766124	113.90
2000/12/05	25706		ORD981766124	113.90

# OFF-SITE IDENTIFICATION INFORMATION FORM

## ANSWER SHEET

Please enter your RCRA Site ID number and site name at right, before making as many two-sided copies of this answer sheet as you will need.

### PLEASE ENTER:

RCRA SITE ID # WAD980738546

Site name: Alaskan Copper  
Works

### FOR ECOLOGY USE ONLY

Date Received: \_\_\_\_\_

Please complete this form if your facility received dangerous waste from off-site or shipped dangerous waste off-site.

Printed by Turbo Waste.

RCRA Site ID Number:	<u>CAD059240713</u>
Name:	<u>M. C. Nottingham Co of So. Cal.</u>
Address:	_____ _____
Handler Type: (Check all that apply.)	<input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR

RCRA Site ID Number:	<u>AZD980735500</u>
Name:	<u>World Resources Company</u>
Address:	<u>8113 West Sherman Street</u> <u>Phoenix, AZ 85043</u>
Handler Type: (Check all that apply.)	<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR

RCRA Site ID Number:	<u>WAR000001743</u>
Name:	<u>Burlington Environmental</u>
Address:	_____ _____
Handler Type: (Check all that apply.)	<input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR

RCRA Site ID Number:	<u>WAD991281767</u>
Name:	<u>Burlington Environmental, Inc.</u>
Address:	<u>20245 77th Avenue South</u> <u>Kent, WA 98032</u>
Handler Type: (Check all that apply.)	<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR

RCRA Site ID Number:	<u>SCR000075150</u>
Name:	<u>Safety Kleen</u>
Address:	_____ _____
Handler Type: (Check all that apply.)	<input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR

<b>RCRA Site ID Number:</b> SCR000074591			
<b>Name:</b> Safety Kleen, Inc.			
<b>Address:</b>			
<b>Handler Type: (Check all that apply.)</b>			
<input type="checkbox"/> Generator	<input checked="" type="checkbox"/> Transporter	<input type="checkbox"/> TSDR	

<b>RCRA Site ID Number:</b> ORD981766124			
<b>Name:</b> Safety Kleen Systems			
<b>Address:</b> 16540 SE 130th Avenue, Bldg B			
Clackamas, OR 97015			
<b>Handler Type: (Check all that apply.)</b>			
<input type="checkbox"/> Generator	<input type="checkbox"/> Transporter	<input checked="" type="checkbox"/> TSDR	





**WORLD RESOURCES COMPANY**

8113 West Sherman Street  
Phoenix, AZ 85043-3000

Tel: 602.233.9166  
Fax: 623.936.9164

February 7, 2001

Mr. Gerald Thompson  
Environmental Assistant  
**Alaskan Copper Works Inc.**  
3200 Sixth Avenue South  
Seattle, WA 98124

Dear Mr. Thompson:

In accordance with the requirements of the Washington State Department of Ecology, World Resources Company (WRC) is happy to provide you with the following information needed to determine the exact

WRC is aware that the State of Washington requires a copy of the recycling credit documentation. In the past, Ms. Holly Sullivan at the Department of Ecology has been receptive to a copy of this letter as sufficient proof of recycling credit documentation.

The following information is provided for use in your submittal:

	F006	D007
Total Wet Tons Received	13.63	28.03
Average percent Solids	21.2	76.6
Total Dry Tons	2.88	21.47
Total Percentage Recycled: 100%	less 78.8% moisture	less 23.4% moisture

After consultation with WRC corporate technical and legal personnel, it appears that the Form Code of B306 (if lime or hydroxide is used to precipitate your metals) or B319 (other waste inorganic solids) might be appropriate choices to be used in preparing your submission. These codes are from the Washington Department of Ecology Book 2 Guidebook and Codes. Additionally, the system code of M014 (other metals recovery for reuse) would be applicable to WRC's recycling process. WRC expands on the M014 description with "thermal concentration and compounding to produce metal concentrate products via an industrial process," which best describes WRC's recyclable material management.

Please be advised that in accordance with 40CFR 262.11, the ultimate decision as to the classification of the hazardous waste (e.g., the Form Code) rests with the generator. The views expressed by WRC herein, should not be considered as legal advice or substituted for the more accurate generator's technical knowledge or laboratory analysis of the recyclable materials and the generation process used.

If you have any questions regarding this information, please contact me at (602) 233-9166x308.

Sincerely,

**WORLD RESOURCES COMPANY**

Miles Takaki  
Environmental, Technical & Training Coordinator

ISO 14001 Certified Recycling Facility



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## RECYCLABLE MATERIAL PROFILE

## EXHIBIT A

<b>A. Generator Information:</b>		<b>Company I.D. Number:</b> W2149A3																																																											
1. Generator:	<u>Alaskan Copper Works</u>	4. Material EPA Waste Code:	<u>D007</u>																																																										
2. Address:	<u>P. O. Box 3546</u> <u>Seattle, WA 98124</u>	5. Generator's EPA I.D. Number:	<u>WAD980738546</u>																																																										
3. Contact:	<u>Mr. Gerald Thompson</u>	6. Generator's State I.D. Number:																																																											
Title:	<u>Environmental Assistant</u>																																																												
<b>B. Recyclable Material Characteristics:</b>																																																													
1. Color(s): <u>Black</u>	6. Texture similar to: <input checked="" type="checkbox"/> Wet Clay <input type="checkbox"/> Dry Clay <input type="checkbox"/> Sand <input type="checkbox"/> Powder <input type="checkbox"/> Other	7. Appearance <input checked="" type="checkbox"/> Homogeneous <input type="checkbox"/> Bilayered <input type="checkbox"/> Multilayered	9. Free Liquids (EPA SW 846, Method 9095) Present: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																																																										
2. Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Strong Description of Odor: _____			10. Debris Present <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																																																										
3. Moisture: <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Damp <input type="checkbox"/> Dry Percent Solids: <u>79.30</u>	8. Organic Vapors <input checked="" type="checkbox"/> Not Present (<1 ppm) <input type="checkbox"/> Present If present, identify compounds and amount (ppm wet): _____ _____ <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail		11. Reactivity <input checked="" type="checkbox"/> Not Reactive <input type="checkbox"/> Reactive																																																										
4. pH (EPA SW 846, Method 9040/9045) pH: <u>7.77</u>	5. Ignitability (40 CFR §261.21) <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail		12. Radionuclides (ASTM D5928-96) <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> Detected																																																										
			13. Cyanide Gas HCN: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> Detected _____ ppm																																																										
<b>C. Analytical Data:</b> (Content on a dry weight basis in ppm or %)																																																													
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Signed: <u>[Signature]</u>		Date: <u>12/15/2000</u>																																																											
Title: <u>Laboratory Manager</u>																																																													



## RECYCLABLE MATERIAL PROFILE

## EXHIBIT A

<b>A. Generator Information:</b>		<b>Company I.D. Number:</b> W2149A	
1. Generator:	Alaskan Copper Works	4. Material EPA Waste Code:	F006
2. Address:	P. O. Box 3546 Seattle, WA 98124-3546	5. Generator's EPA I.D. Number:	WAD980738546
3. Contact:	Mr. Gerald Thompson	6. Generator's State I.D. Number:	
Title:	Environmental Assistant		

<b>B. Recyclable Material Characteristics:</b>	
1. Color(s): Brown	6. Texture similar to: <input checked="" type="checkbox"/> Wet Clay <input type="checkbox"/> Dry Clay <input type="checkbox"/> Sand <input type="checkbox"/> Powder <input type="checkbox"/> Other
2. Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Strong Description of Odor:	7. Appearance <input checked="" type="checkbox"/> Homogeneous <input type="checkbox"/> Bilayered <input type="checkbox"/> Multilayered
3. Moisture: <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Damp <input type="checkbox"/> Dry Percent Solids: 22.20	8. Organic Vapors <input checked="" type="checkbox"/> Not Present (<1 ppm) <input type="checkbox"/> Present If present, identify compounds and amount (ppm wet):  <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
4. pH (EPA SW 846, Method 9040/9045) pH: 6.89	9. Free Liquids (EPA SW 846, Method 9095) Present: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
5. Ignitability (40 CFR §261.21) <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	10. Debris Present <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	11. Reactivity <input checked="" type="checkbox"/> Not Reactive <input type="checkbox"/> Reactive
	12. Radionuclides (ASTM D5928-96) <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> Detected
	13. Cyanide Gas HCN: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> Detected _____ ppm

C. Analytical Data: (Content on a dry weight basis in ppm or %)			
Constituent *		Content	
1. Aluminum <sup>1</sup>	Al	5948 ppm	
2. Antimony <sup>1</sup>	Sb	167 ppm	
3. Arsenic <sup>1</sup>	As	48.0 ppm	
4. Barium <sup>1</sup>	Ba	< 8 ppm	
5. Beryllium <sup>1</sup>	Be	< 0.40 ppm	
6. Bismuth <sup>1</sup>	Bi	< 3 ppm	
7. Cadmium <sup>1</sup>	Cd	42.0 ppm	
8. Calcium <sup>1</sup>	Ca	10530 ppm	
9. Chloride <sup>7</sup>	Cl <sup>-</sup>	0.13 %	
10. Chromium, Hexavalent <sup>5</sup>	Cr <sup>+6</sup>	3256.0 ppm	
11. Chromium, Total <sup>1</sup>	Cr	51090 ppm	
12. Cobalt <sup>1</sup>	Co	863 ppm	
13. Copper <sup>1</sup>	Cu	39400 ppm	
14. Cyanide, Amenable <sup>6</sup>	CN <sup>-</sup>	0 ppm	
15. Cyanide, Total <sup>6</sup>	CN <sup>-</sup>	0 ppm	
16. Fluoride <sup>7</sup>	F <sup>-</sup>	0.66 %	
17. Iron <sup>1</sup>	Fe	303000 ppm	
18. Lead <sup>1</sup>	Pb	< 7 ppm	
19. Magnesium <sup>2</sup>	Mg	3531 ppm	
20. Manganese <sup>1</sup>	Mn	6582 ppm	
21. Mercury <sup>3</sup>	Hg	4.90 ppm	
22. Nickel <sup>1</sup>	Ni	59090 ppm	
23. Selenium <sup>1</sup>	Se	< 25.0 ppm	
24. Silver <sup>1</sup>	Ag	< 3 ppm	
25. Thallium <sup>4</sup>	Tl	< 18.0 ppm	
26. Tin <sup>1</sup>	Sn	110 ppm	
27. Zinc <sup>1</sup>	Zn	1717 ppm	

## \* Analytical Procedure References:

- 1 EPA Method SW846 3050 / 6010 (Digestion / Analysis)
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<b>D. Certification:</b>	
I hereby certify that all information submitted in this profile is complete and accurate to the best of my knowledge and belief.	
Signed: <u>[Signature]</u>	Date: 12/15/2000
Title: Laboratory Manager	

SAFETY-KLEEN SYSTEMS INC  
2000  
WASHINGTON STATE  
WASTE RECYCLE PERCENTAGES

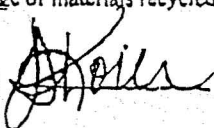
GENERATOR: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
EPA/STATE ID #: \_\_\_\_\_

TSD/SK FACILITY: Safety-Kleen Systems, Inc.  
ADDRESS: 16540 SE 130<sup>th</sup> Avenue, Building B  
CITY: Clackamas State: OR ZIP: 97015  
EPA/STATE ID#: ORD 981766124

PRODUCT	RECYCLE PERCENTAGE
PARTS WASHER SOLVENT 105	94 %
PARTS WASHER SOLVENT 140	94 %
PARTS WASHER SOLVENT 150	94 %
AQUEOUS BRAKE CLEANER	00 %
AQUEOUS PARTS WASHER	00 %
699 IMMERSION CLEANER	57 %
PAINT GUN WASTE	55 %
PAINT BOOTH FILERS	00 %
DRY CLEAN PERC	44 %
DRY CLEAN FILTERS	10 %
DRY CLEAN NAPHTHA	00 %
FEON/TRICHLOR	00 %
IMAGING WASTES	01 %

CERTIFICATION

I hereby swear and affirm that I am an official of the above TSD and that I have the knowledge and authority to make the above statements relating to the percentage of materials recycled by my firm and that the statements are true to the best of my ability to determine.

NAME: Lauri Skoien SIGNATURE:  DATE: January 9, 2001  
TSD Facility Manager



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**END OF REPORT**  
**(Attach this page as the last page of your submission)**

2000 W/R